WASHINGTON STATE DEPARTMENT OF ECOLOGY

For Office Use Only	
Date Received	
Application/Permit No.	
Waterbody No.	
SIC	

Request for Coverage Under National Pollutant Discharge Elimination Systems Upland Hatchery and Fish Farm General Permit

This information will be used to determine if coverage by general permit is appropriate. All information must be answered completely and accurately to be considered for coverage. If a question does not apply, answer with NA.

SECTION A. GENERAL INFORMATION

1. Name of Facility: _____

2. Mailing Address: _____
   Street

   _____
   City State Zip

3. Facility Address: _____
   Street

   _____
   City State Zip

4. Primary Contact Person:

   _____
   Name Title Phone Number

5. Alternate Contact Person:

   _____
   Name Title Phone Number

Facility: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and attainments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed Name of Person Signing	Title
Signature of Applicant	Date Applicant Signed

NOTE: Federal regulations require this application to be signed as follows: A.) for corporation, by a principal officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, State Federal, or other public facility, by either a principal executive officer or ranking elected official.

Facility: _____

SECTION B. NAME, OWNERSHIP, AND PHYSICAL LOCATION OF FACILITY

1. Facility location on grid system:

   a. Township _____
   b. Section _____
   c. Quarter _____
   d. Range _____
   e. County _____
   f. Latitude/Longitude _____

2. Give directions to the facility from the nearest town or city:

3. s this facility (check one):

   ❑ Existing ❑ Proposed

4. Date facility was (or will be) constructed: _____

5. Receiving water(s): _____
   Name(s)

Provide the average monthly receiving water flow for 12 months:

	Flow		Flow
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Information source: _____

Year(s) information collected: _____

6. Does this facility have a discharge permit: ❑ yes ❑ no

   If yes, what was the date of issuance: _____
   Permit number: _____

(continued)

SECTION B. NAME, OWNERSHIP, AND PHYSICAL LOCATION OF FACILITY

7. Has this facility received from any level of government, written notice of complaint pertaining to water pollution?

   ❑ yes ❑ no

   If yes, explain. Include nature of complaint, government agency, and date of complaint.

8. Attach a sketch, aerial photograph, or map of the existing or proposed facilities, with the following marked. Include scale:

   a. Approximate overall dimensions of the facility;
   b. All raceways and rearing ponds;
   c. All water sources and water flow rates;
   d. Any settling ponds, including dimensions and volume;
   e. All discharge point(s) and receiving water(s);
   f. All water flow paths; and
   g. Sludge disposal areas.

9. Attach the names and mailing addresses of all adjacent property owners.

Facility: _____

SECTION C. PRODUCTION INFORMATION

1. List the average amount of fish on hand and the amount of food fed per month for the year of maximum production. For new facilities, provide information for the year of highest anticipated production within the next five years:

lbs. fish	lbs. food	lbs. fish	lbs. food
January _____	_____	January _____	_____
February _____	_____	February _____	_____
March _____	_____	March _____	_____
April _____	_____	April _____	_____
May _____	_____	May _____	_____
June _____	_____	June _____	_____

Data from (year): _____

2. A. What is the maximum amount of fish anticipated under cultivation anytime? (pounds)

   B. What is the maximum anticipated gradual production? _____ (pounds)

3. Method of feeding check all that apply and estimate percent of food fed using that method:

   ❑ Hand _____ Percent ❑ Automatic (timed) _____ Percent ❑ Automatic (demand) _____ Percent

4. List the species raised, maximum pounds of each species of fish on hand and the annual production for the last year:

Species	Maximum Daily Amount On Hand (pounds)	Annual Production Harvest Weight (Pounds)

(continued)

SECTION C. PRODUCTION INFORMATION

5. What kind of operation?

Number		Number	
____	Lined Rearing Ponds (concrete, asphalt, or plastic)	____	Unlined Rearing Ponds (Earthen) _____
____	Above Ground Tanks	____	Other, Describe: _____

6. Note all antibiotics, drugs, disease control chemicals and disinfectants used or anticipated to be used at the facility on the following table. If a chemical is not on page, please add it in the space provided or on an attachment.

Used Y/N	Internal Disease Control Chemicals
	Amoxicillin
	Aquamycin 100
	Epson Salts
	Erythromycin 200
	Gallimycin 50
	Liquamycin (OTC)
	Romet 30
	Sulfamerazine
	Terramycin (OTC)

Used Y/N	External Disease Control Chemicals
	Acetic Acid
	Buffered Iodophor
	Chloramine-T
	Formalin
	Hydrogen Peroxide

Disinfectants

	Chlorine
	Iodophor
	MS-222
	Quaternary Ammonia
	Sodium Thiosulfate

(continued)

SECTION C. PRODUCTION INFORMATION

7. Person(s) administering disease control chemicals:

   Name: _____ Qualifications: _____

8. Water source and flow (check all that apply):

	Name	Flow
Well Water		
Spring		
Surface Water (s)		
Other (explain):		
Total Flow		

Provide the depth to groundwater and well logs if available.

9. Pond and raceway cleaning processes:

   Raceways are cleaned _____ times per ❑ week ❑ month ❑ year

   Ponds are cleaned _____ times per ❑ week ❑ month ❑ year

   Some other scheduled—described:

10. Does the facility process fish on-site? Processing fish includes gutting, bleeding, spawning, or preparing the fish for market or sale. ❑ yes ❑ no

10. Do you anticipate any expansion or modification of the facility? This includes changes in method of operation or any creases in production for those described in sections B and C.
    . ❑ yes ❑ no

    If yes, explain:

Facility: _____

SECTION D. EFFLUENT TREATMENT SYSTEM

Chapters 90.48 and 90.54 RCW require that all discharges discharging to waters of the state use all known, available, and reasonable methods to prevent and control pollution. All known, available, and reasonable treatment for the upland fin-fish hatching and rearing industry has been determined to be settling for a minimum of 60 minutes of the entire facility's wastewater prior to discharge or the inline settling of solids with periodic removal by vacuuming or similar techniques to an offline settling basin with a detention time of 24 hours or more.

1. Indicate the type of effluent treatment provided at this facility.

   ❑ Flow through settling of the entire facility effluent.

   Settling Basin dimensions:
   Average Length _____ ft. Average Width _____ ft.
   Average Depth _____ ft. Hydraulic Detention time _____minutes

   ❑ Other (describe):

2. For facilities which do not provide either 60 minutes of settling for the entire facility effluent flow or offline settling for 24 hours for cleaning wastes, but which provide equivalent effluent treatment, describe the treatment system, include information and technical data on the treatment efficiency and reliability for the treatment system.

3. For facilities which do not provide either 60 minutes of settling for the entire facility effluent flow, offline settling for 24 hours for cleaning wastes or equivalent treatment provide a proposed compliance schedule for providing effluent treatment at this facility.

   Engineering report including plans and specifications will be submitted to Ecology for review and approval by _____.

   Effluent treatment facilities and equipment will be installed and in operation by _____.

Facility: _____

SECTION E. DISCHARGE INFORMATION

1. Under normal hatchery operation, analyze a representative flow weighted grab sample for the total hatchery influent. For hatchery effluent, analyze representative grab samples from each outfall. Samples must be collected on the same day. For facilities with more than one outfall, attach separate sheet.

Parameter	Influent	Offline Settling Basin Influent	Offline Settling Basin Effluent	Effluent Outfall 003
Flow (gallons per day)				
pH				
Total Suspended Solids (milligrams/liter)				
Settleable Solids (milligrams/liter)				
Total Phosphorous (milligrams/liter)				
Dissolved Oxygen (milligrams/liter)				
Temperature (°C)				

Date samples taken _____

Time samples _____ _____ _____ _____

Influent	Effluent Outfall 001	Offline Settling Basin Influent	Offline Settling Basin Effluent

Time of last feeding _____

Amount of food fed last feeding (lbs.) _____

Amount of fish on hand at the time the _____ samples was taken (lbs.)

(continued)

SECTION E. DISCHARGE INFORMATION

2. What is the maximum daily and monthly average discharge from each outfall (gallons per day).

	Average Daily Discharge	**Maximum Daily Discharge**
Outfall 001		
Outfall 002		
Outfall 003		